

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)  
Solis for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Angelides 2006 Mailing Address 1331 21st St. City Sacramento State CA Zip Code 95814 Purpose of Disbursement Non-Federal Contribution Candidate Name Phil Angelides Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> B212719 <b>Date of Disbursement</b> <div> <div>09</div> <div>06</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Angie Paccione for Congress Mailing Address P.O. Box 1292 City Ft. Collins State CO Zip Code 80522 Purpose of Disbursement Political Contribution Candidate Name Angie Paccione Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> B212718 <b>Date of Disbursement</b> <div> <div>09</div> <div>06</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Arcuri for Congress Mailing Address 3899 Oneida St. City New Harford State NY Zip Code 13413 Purpose of Disbursement Political Contribution Candidate Name Mike Arcuri Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> B212751 <b>Date of Disbursement</b> <div> <div>09</div> <div>27</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**3000.00**

**TOTAL** This Period (last page this line number only) .....